

2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Judicial Election

Delbert Hosemann
 SECRETARY OF STATE

JAN 27 2011

Campaign Finance
 Secretary of State

Name of Candidate

Ali M. Shaw & J. Deen

Address

440 Mill Street Jackson, MS 39202 County Hinds

DATE STAMP

Telephone Work

601-965-5515

Home

Fax 601-33-2818

Contact Name

Kathy Sykes

Email Address

aleutali.judge@gmail.com

Office Sought

Circuit Judge District 7 - Post 1



Check here if above is different from previous report

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ✓ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$	\$
Total amount of disbursements	\$ 2,995 +\$ 1,227	\$ 4,000	\$ 7,728
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-389-1493 or 601-576-2818.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

Ali Shamsid Deen

Reporting period

Oct 1, 2010

through

Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Space Age Marketing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4125 W. Northside Drive	10/26/10	\$ 1,382
City, State, Zip Code	Jackson, MS 39209	1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,382
B. Full name	Clear Channel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 406024	10/31/10	\$ 264.35
City, State, Zip Code	Atlanta, GA 30384-6024	10/25/10	\$ 407.15
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 671.50
C. Full name	WKXI-WOAO	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	731 Pear Orchard, Ste 27	10/25/10	\$ 720.00
City, State, Zip Code	Ridgeland, MS 39157	1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 720.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$